

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)**

EXAMINE NO. **5782234** FILING DATE

APPLICANT

CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					61					
2						62					
3						63					
4						64					
5						65					
6						66					
7						67					
8						68					
9						69					
10						70					
11						71					
12						72					
13						73					
14						74					
15						75					
16						76					
17						77					
18						78					
19						79					
20						80					
21						81					
22						82					
23						83					
24						84					
25						85					
26	1	1				86					
27						87					
28						88					
29						89					
30						90					
31						91					
32						92					
33						93					
34						94					
35						95					
36						96					
37						97					
38						98					
39						99					
40						100					
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL NO.	2	1				TOTAL NO.					
TOTAL OFF.	21	3				TOTAL OFF.					
TOTAL	23	4				TOTAL					